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Rwanda

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details on first-, second-, and third-line treatment regimens by patient population, in accordance with the WHO guidelines. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

Patient Population [Download summary page as PDF](#) [E-mail this page](#)

Suggest Updates

- [Adults](#)
- [Adolescents 10 - 19 Years and Greater than 35kg](#)
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- [Children born in a Serodiscordant Couple \(SDC\) \(HIV- Mother\)](#)
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-  [National Guidelines for Comprehensive Care of People Living with HIV in Rwanda \(PDF / 2 MB\)](#)

Adults

Year Issued:

2013

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Any adult with confirmed HIV sero-positive status is eligible for ART if the individual has one of the following criteria:

- WHO Stage 3 or 4
- WHO Stage 1 or 2 with CD4 < 500/mm³
- HIV-TB co-infection
- HIV-Hepatitis B co-infection
- HIV-Hepatitis C co-infection
- All HIV-positive sexual partners in stable discordant couples
- All men who have sex with men (MSM)
- All female sex workers (FSW)

Regimen Options:

First Line:

TDF + 3TC* + EFV

TDF + 3TC* + NVP

*Lamivudine can be substituted by FTC

- If contre indication to Efavirenz then give, Niverapine
- If contre indication to TDF then give Abacavir

Second Line:

AZT + 3TC + ATV/r or LPV/r**

** In case of Hepatitis B co-infection, maintain TDF: AZT + TDF + 3TC + AZT/r or LPV/r

Third Line:

Any patient on the second-line with VL greater than 2,000 copies/ml based on two consecutive viral load measurements after 3 months with adherence support is eligible for third-line ART.

RAL/ETV/DRV/r

- The 3rd line regimen must only be given upon expert consultation and usually with the assistance of genotyping test
- Before prescribing third-line therapy, the patient MUST undergo extensive additional adherence counseling and should have a treatment partner involved with assisting in adherence
- Third-line regimens will only be prescribed at specialized centers with trained providers
- Third line combination can be adjusted based on Genotyping results and upon HIV Expert view
- NRTI backbone may be necessary based on genotyping test or in case of Hepatitis B co-infection

First Line:

ABC + 3TC* + EFV

ABC + 3TC* + NVP

*Lamivudine can be substituted by FTC

- If contre indication to Efavirenz then give, Niverapine
- If contre indication to TDF then give Abacavir

Second Line:

AZT + 3TC + ATV/r or LPV/r**

** In case of Hepatitis B co-infection, maintain TDF: AZT + TDF + 3TC + AZT/r or LPV/r

Third Line:

Any patient on the second-line with VL greater than 2,000 copies/ml based on two consecutive viral load measurements after 3 months with adherence support is eligible for third-line ART.

RAL/ETV/DRV/r

- The 3rd line regimen must only be given upon expert consultation and usually with the assistance of genotyping test
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 - Third line combination can be adjusted based on Genotyping results and upon HIV Expert view
 - NRTI backbone may be necessary based on genotyping test or in case of Hepatitis B co-infection
-

First Line:

AZT + 3TC + EFV/NVP

Second Line:

TDF + 3TC + ATV/r or LPV/r**

** In case of Hepatitis B co-infection, maintain TDF: AZT + TDF + 3TC + AZT/r or LPV/r

Third Line:

Any patient on the second-line with VL greater than 2,000 copies/ml based on two consecutive viral load measurements after 3 months with adherence support is eligible for third-line ART.

RAL/ETV/DRV/r

- The 3rd line regimen must only be given upon expert consultation and usually with the assistance of genotyping test
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 - Third line combination can be adjusted based on Genotyping results and upon HIV Expert view
 - NRTI backbone may be necessary based on genotyping test or in case of Hepatitis B co-infection
-

Reference:

National Guidelines For Comprehensive Care Of People Living With HIV In Rwanda 4th Edition (2011)

National Guidelines for Prevention and Management of HIV, STIs & Other Blood Borne Infections (2013)

Adolescents 10 - 19 Years and Greater than 35kg

Year Issued:

2013

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Any child aged more than 5 years with one of the following criteria:

- WHO Stage 3 and 4
- WHO Stage 1, 2 and CD4 less than 500/mm³
- HIV-TB co-infection
- HIV-Hepatitis B co-infection
- HIV-Hepatitis C co-infection

Regimen Options:

First Line:

Preferred:

TDF + 3TC + EFV

Second Line:

Preferred:

AZT + 3TC + ATV/r

Third Line:

Not specified.

First Line:

Alternatives:

TDF + 3TC + NVP

ABC + 3TC + EFV or NVP

Second

Line:

Alternative:

AZT + 3TC + LPV/r

Third Line:

Not specified.

Reference:

National Guidelines For Comprehensive Care Of People Living With HIV In Rwanda 4th Edition (2011)

National Guidelines for Prevention and Management of HIV, STIs & Other Blood Borne Infections (2013)

Children 3 - 10 Years and less than 35kg

Year Issued:

2013

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Any child aged less than 5 years regardless of CD4 and WHO Stage

Any child aged more than 5 years with one of the following criteria:

- WHO Stage 3 and 4
- WHO Stage 1, 2 and CD4 less than 500/mm3
- HIV-TB co-infection
- HIV-Hepatitis B co-infection
- HIV-Hepatitis C co-infection

Regimen Options:

First Line:

Preferred:

ABC + 3TC + EFV

Alternatives:

ABC + 3TC + NVP

Second

Line:

AZT + 3TC + ATV/r

if greater than 6 years old

AZT + 3TC + LPV/r

if less than 6 years old

Third Line:

Not specified.

First Line:

AZT + 3TC + EFV or NVP

Second Line:

ABC + 3TC + ATV/r
if greater than 6 years old

ABC + 3TC + LPV/r
if less than 6 years old

Third Line:

Not specified.

First Line:

HBV co-infection: TDF + 3TC + EFV or NVP

Third Line:

Not specified.

Reference:

National Guidelines For Comprehensive Care Of People Living With HIV In Rwanda 4th Edition (2011)

National Guidelines for Prevention and Management of HIV, STIs & Other Blood Borne Infections (2013)

Children less than 3 Years

Year Issued:

2013

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Any child aged less than 5 years regardless of CD4 and WHO Stage

Regimen Options:

First Line:

Preferred:

ABC + 3TC + LPV/r

Second Line:

Preferred:

AZT + 3TC + LPV/r

Alternative:

AZT + 3TC + NVP

Third Line:

Not specified.

First Line:

Alternatives:

ABC + 3TC + NVP

Second Line:

AZT + 3TC + LPV/r

Third Line:

Not specified.

First Line:

AZT + 3TC + LPV/r

Second Line:

Preferred:

ABC + 3TC + LPV/r

Alternative:

ABC + 3TC + NVP

Third Line:

Not specified.

First Line:

AZT + 3TC + NVP

Second Line:

ABC + 3TC + LPV/r

Third Line:

Not specified.

Reference:

National Guidelines For Comprehensive Care Of People Living With HIV In Rwanda 4th Edition (2011)

National Guidelines for Prevention and Management of HIV, STIs & Other Blood Borne Infections (2013)

Pregnant Women

Year Issued:

2013

HIV/TB Co-Infection Addressed:

No

Criteria for Treatment:

In a pregnant woman it is appropriate to start treatment as soon as the pregnancy is identified, disregarding the WHO clinical staging or CD4 count. This is a lifelong treatment and thus, should never be discontinued after delivery.

Regimen Options:

First Line:

TDF + 3TC + EFV

Any woman with impaired renal function or likely to have impaired renal function will receive ABC + 3TC + EFV

In case EFV is contraindicated, Nevirapine can be given only to those with CD4 cell count below 350. For those above 350 CD4 cells, Atazanavir is recommended but can be replaced by Kaletra.

**Doses are the same as in adults HIV Treatment

All HIV-positive women who were exposed to SD NVP during their previous pregnancy will receive:

TDF + 3TC + ATV/r or LPV/r

Women with impaired renal function or likely to have impaired renal function who were exposed to NVP during their previous pregnancy will receive:

ABC + 3TC + ATV/r or LPV/r

Second Line:

Not specified.

Third Line:

Not specified.

Reference:

National Guidelines For Comprehensive Care Of People Living With HIV In Rwanda 4th Edition (2011)

National Guidelines for Prevention and Management of HIV, STIs & Other Blood Borne Infections (2013)

Children born in a Serodiscordant Couple (SDC) (HIV- Mother)

Year Issued:

2013

HIV/TB Co-Infection Addressed:

No

Regimen Options:

First Line:

Must take daily NVP syrup since birth until one week after the cessation of breastfeeding unless the mother turns positive during breastfeeding.

If the mother is shown to be HIV-positive at the time of breastfeeding, the child should continue taking NVP for six weeks after the initiation of the mother's ART.

The child will start Cortimoxazole syrup since the age of 6 weeks and will be discontinued after final confirmation of HIV negative status at 18 months.

Second Line:

Not specified.

Third Line:

Not specified.

Reference:

National Guidelines For Comprehensive Care Of People Living With HIV In Rwanda 4th Edition (2011)

National Guidelines for Prevention and Management of HIV, STIs & Other Blood Borne Infections (2013)

Infant born to HIV+ Mother

Year Issued:

2013

HIV/TB Co-Infection Addressed:

No

Criteria for Treatment:

Child born to HIV-positive mother

Regimen Options:

First Line:

Will receive Nevirapine (NVP) syrup since birth for the first six weeks and will be discontinued after final confirmation of HIV negative status at 18 months.

Second

Line:

Not specified.

Third Line:

Not specified.

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